

COVID-19 testing and specimen collection billing guidance

For network pharmacies wishing to provide COVID-19 testing services for MetroPlus Health Plan recipients, details regarding network participation, including claims submission requirements, were sent to Caremark-participating New York pharmacies on 07/21/2020. For a pharmacy that is a chain pharmacy or a member of a PSAO (Pharmacy Services Administrative Organization), your chain headquarters or PSAO would have received the notification. Please contact them for additional information. If you are an independent pharmacy and have not received this information, contact Caremark at 866-488-4708.

Claims Submission Information – Specimen Collection Only

When submitting to CVS Caremark for COVID-19 test specimen collection, submit the appropriate quantity and the appropriate days supply. Inappropriate quantities or days supply may cause the claim to reject. Submit “MA” in the Professional Service Code Field (440-E5) of the DUR/PPS Segment along with a positive incentive fee amount in the Incentive Amount Submitted Field (438-E3) of the Pricing Segment when submitting for administering COVID-19 test.

| Field # | NCPDP Segment & Field Name | Required Vaccine Administration Information for Processing |
|---------|--|--|
| 440-E5 | DUR/PPS Segment Professional Service Code Field | MA (Medication Administration) |
| 409-D9 | Pricing Segment Ingredient Cost Submitted | >\$0.00 |
| 438-E3 | Pricing Segment Incentive Amount Submitted Field | ≥ \$0.01 (Submit Administration Fee) |
| 426-DQ | Pricing Segment Usual and Customary Charge | ≥ \$ in Incentive Amount Submitted |

Including a section of Payer Sheet as an example – ONLY the NCPDP Segments/Fields, pertinent to COVID-19 billing, are shown:

| CLAIM Segment Segment Identification (111-AM) = "07" | | | | |
|---|------------------------------|-------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | 03 | M | NDC |
| 407-D7 | PRODUCT/SERVICE ID | 60004041780 | M | Example UPC for NY COVID-19 test specimen collection is listed below: • 60004041780 (UPC) |
| 442-E7 | QUANTITY DESPENSED | 1 | R | |
| 405-D5 | DAY SUPPLY | 1 | R | |

| DUR/PPS Segment Segment Identification (111-AM) = "08" | | | | |
|---|---------------------------|-------|-------------|--------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 473-7E | DUR / PPS Code Counter | 1 | R | |
| 440-E5 | Professional Service Code | MA | R | MA (Medication Administration) |

Example NDC/UPC codes only and not limited to the following:

Specimen Collection Only

| NDC/UPC | COVID-19 Test Type |
|---------------|------------------------------|
| 60004-0417-80 | CLIA certificated laboratory |
| 99999-0992-11 | CLIA certificated laboratory |

Claims Submission Information - Product with CLIA-Waived COVID Testing

When submitting for administration of a COVID-19 test to CVS Caremark, submit the appropriate quantity and the appropriate days supply. Inappropriate quantities or days supply may cause the claim to reject. Submit "PP" in the Reason for Service Code field (439-E4), "PT" in the Professional Service Code Field (440-E5), and "00" in the Result of Service Code field (441-E6) of the DUR/PPS Segment along with a positive incentive fee amount in the Incentive Amount Submitted Field (438-E3) of the Pricing Segment when submitting for administering COVID-19 test.

| Field # | NCPDP Segment & Field Name | Required Vaccine Administration Information for Processing |
|---------|--|--|
| 439-E4 | DUR/PPS Segment Reason for Service Code | PP (Plan Protocol) |
| 440-E5 | DUR/PPS Segment Professional Service Code | PT (Perform laboratory test) |
| 441-E6 | DUR/PPS Segment Result of Service Code | 00 (Not Specified) |
| 438-E3 | Pricing Segment Incentive Amount Submitted Field | ≥ \$0.01 (Submit Administration Fee) |

Including a section of Payer Sheet as an example – ONLY the NCPDP Segments/Fields, pertinent to COVID-19 billing are shown.

| CLAIM Segment Segment Identification (111-AM) = "07" | | | | |
|---|------------------------------|-------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | 03 | M | NDC |
| 407-D7 | PRODUCT/SERVICE ID | 11877001126 | M | Allowable NDCs for NY CLIA-Waived COVID-19 testing is listed, use the following NDC Code: • 11877001126 |
| 442-E7 | QUANTITY DISPENSED | 1 | R | |
| 405-D5 | DAY SUPPLY | 1 | R | |

| DUR/PPS Segment Segment Identification (111-AM) = "08" | | | | |
|---|---------------------------|-------|-------------|-------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 473-7E | DUR / PPS Code Counter | 1 | R | |
| 439-E4 | Reason for Service Code | PP | R | Plan Protocol |
| 440-E5 | Professional Service Code | PT | R | Perform laboratory test |
| 441-E6 | Result of Service Code | 00 | R | Not Specified |

Example NDC/UPC codes only and not limited to the following:

Diagnostic Testing (Any Technique)

| NDC/UPC | COVID-19 Test Type |
|---------------|--------------------------------------|
| 11877-0011-26 | ID Now COVID-19 In Vitro Kit |
| 14613-0339-08 | Sofia2 SARS Antigen FIA In Vitro Kit |